

ISSUE SLIP STAPLE AREA (for additional cross references)

| POST OFF | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 02/28/01 |
| FORMALITY REVIEW | MIN | 304/920 | 03-12-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)